Saskatchewan
Executive
Council

Communications
Counselling

Room 30
Legislative Building
2405 Legislative Drive
Regina, Canada
S4S 0B3

# Government of Saskatchewan

# Public Opinion Polling

from October 1, 2003 – December 31, 2003

104-04166/

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**NOTE:** Seventeen budget-related question are being withheld at this time and will be released with a quarterly release post-Budget.

Department/Crown commissioning the work:

**Saskatchewan Health**

**Date:** November 2003

**Supplier:** Sigma Analytics
Regina

**Cost:** $98,819.00

**Saskatchewan Health**

# Health System Quality Measures

## Public Confidence Indicators
*Provincial Summary Report*

**November 2003**

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# Introduction

## Objective

The objective of this poll was to query a sample of Saskatchewan residents drawn from each of the 12 health regions on a range of issues developed to begin establishing a measure of the level of confidence the public has in the health care system, both regionally and province-wide.

## Context of this study

This survey is part of the health sector performance measurement system being instituted by Saskatchewan Health. Its overall purpose is to support the management of quality in health care by measuring performance in key areas.

Performance measurement and management are part of the Action Plan for Health. It focuses on accountability, effectiveness, quality and error reduction. As a result, new management structures and practices are coming into place. They include:

- A body charged with quality measurement (Quality Council)
- A structure for regular consultation between regional and provincial managers
- A structure for regular, consultation on the policy level between the province and regions
- A comprehensive set of performance standards.

A great deal of work has gone into designing the performance measures that will be used to monitor the system. Among these is a research-driven indicator that will measure how well the system creates public confidence. This study addresses the measurement of confidence region by region, and provincially, in the aggregate.

The conceptual framework for this study recognizes that comparison between regions is problematic, given the variation in types of health care offered internally by each. The study is therefore intended to set a baseline for each region, and in the aggregate, for the province. Future work can then measure change within each region against its own baseline.

In appraising results, it is important to remember that several factors may be in play

- The various regions include different kinds of hospitals (offering a wide range of services).
- Some regions are physically more accessible to tertiary hospitals than others.

- Cultural and economic influences may impact, such as the differences between Regina and Saskatoon, between prairie and parkland, or between northern and southern regions.

While one may be tempted initially to use the results to compare regions to each other, such comparisons are inherently uneven, not "apples-to-apples" in nature. The individual results are better viewed as indicators of strengths that can be built upon, and opportunities for individual improvement.

## Measuring confidence

The public at large supports the health care system through taxation. For this reason, confidence must be earned from all citizens, not only from those who have direct contact with the healthcare system during the measurement period.

Useful work has been done in the last five years to devise measures of service. Despite its important however, service remains only one aspect of confidence. The indicators in this study are designed to assess confidence at three levels:

- System: In the health care organization as a whole, expressed in measures such as support for its overall direction, belief in its sustainability, for its standing in comparison to others;

- Operations: In the way care is delivered, expressed in measures such as value for dollar, staffing, sub-system direction and management;

- Service: In satisfaction with the personal experience, or perception, of care and outcome.

Health research regularly reveals that the public would like to have more information, and that lack of information can create doubt. Nevertheless, the design of this study recognized that confidence is not built on information or communications alone. A host of forces originating across the totality of policy, management and service delivery shape confidence. Communications represents the tip of this iceberg. In the end, the credibility of organized communication depends on how well the public messaging resonates with experience.

## Cautions

Interpreting the results in this report should be done with the following cautionary considerations in mind:

- Sample surveys provide estimates of the prevalence of the measured factors in the total population from which the sample is drawn. The estimates are statistically reliable within the ranges indicated, at the 95% level of confidence. This means that the actual prevalence of the factor could be greater or lesser than the estimate, by the amount of the margin of error. It also means that 5% of the time, the estimate can be expected to differ

from reality by more than the margin of error. Results from sample surveys should therefore be treated as contributing to knowledge, but not as defining it precisely.

- While polling results for the entire sample are statistically reliable within the range indicated, results for sub-sets of the sample will have a larger margin of error because they are based on smaller numbers. They should be treated with more caution.

- Polls are "snapshot" approximations of reality. Subject to the foregoing considerations, they can be expected to reflect reality validly, within the indicated ranges, at the time they are conducted. Opinions change. It is important to bear in mind that a single poll cannot describe a trend.

- Indicators from the sample can be projected to estimate the prevalence of the measured factor in the total population from which the sample was drawn. They cannot be interpreted as describing any other population.

# Executive Summary

## Overview

This study is broadly positive for Saskatchewan health care. Despite a modest level of concern about sustainability, the overall result shows a substantial level of confidence in the system, its operations and in satisfaction with care.

Sixteen of 18 queries in this study are statements designed to test a specific aspect of health care at one of three levels. Each of these queries asked for a response on a scale of one to five. On such scales, three is the mid-point, signifying an "average" or mid-range outlook. Responses above three are positive for confidence, and below, negative. A scan of the results shows:

- Average response for all indicators is 3.32.
- For 13 of the 16 indicators, mean response level was greater than 3.00. Only three were below mid-point.
- The range for mean response levels runs from 2.77, modestly negative, to 4.07, strongly positive.
- Four indicators had an average response level of 3.50 or more. Two had an average response level of greater than 4.00.
- When responses to all queries are combined
    - 49% fall on the positive side of the scale (4s and 5s)
    - 28% are in the middle (3s).
    - 24% are on the negative side (1s and 2s)
    - Strongly held opinions (1s and 5s), are positive 2:1 (15% and 7%)
- The strongest positive ratings come on indicators of the local, the particular and the immediate.
- The weakest positives, and all three negatives, relate to factors that are systemic, general, and longer-term.
- When indicators are grouped according to System, Operations, and Service, all show positive average means, with the Service category highest, at 3.74. Operations' average is 3.23, and System, 3.04. This tends to reinforce that respondents find the aspects of health care closest to them are more favourable than the aspects more removed.

## Key Demographic Relationships

All nine demographic variables used for cross-tabulation yielded statistically significant relationships with individual indicators. The demographic variables were also cross-tabulated with theme areas.

- Several demographics – age, education, income, urban/rural, and general state of health – show statistically significant relationships with all theme areas.

- Two demographics – currency of health care use and Aboriginal/non-Aboriginal identification are significantly related to the Service theme only.

- One demographic – gender – doesn't correlate with any of the themes.

Among the statistically significant demographic patterns are the following:

- Confidence is strongest among the young and the older, and weakest among middle-aged respondents. Those aged 35 to 54 have lower confidence across the range of themes and indicators than those in the 18 to 34 and 55+ age groups.

- By education, the lowest (< grade 12) and highest (graduate degree) consistently combine to have the highest confidence levels across themes and individual indicators.

- Those in the lowest income group generally had the highest confidence levels, while those in the highest income group generally had the lowest.

- Residents of towns tend to show the greatest confidence. Rural respondents (where the land has been surveyed, North excluded) consistently show lower confidence levels than others.

- Those who self-identified themselves as Aboriginal show relatively high confidence overall, but were lower in the Service theme area – in contrast to the general pattern, where Service confidence is highest.

- As respondents' perceptions of their personal general health rose, so did their confidence.

- Those with poorest health show least concern with personal payment levels.

## Public Awareness Indicators

Queries 17 and 18 are tests of the extent of awareness of the local RHA by name, and of the level of public expenditure on health care.

### Identity

A relatively high proportion of respondents (about 47%) was able to identify or closely approximate the name of their RHA. This result appears to be an artifact of the RHA naming scheme across the province. Name recognition was highest (about 65%) in the three RHAs with city names – Regina-Qu'Appelle, Prince Albert Parkland, and Saskatoon. It averaged only 19%, and never exceeded one-third, in the other RHAs where names do not relate to local communities.

### Budget Share

There is a wide range of perceptions of the relative size of provincial spending on health care.

Depending on whether health care is considered as a percentage of costs including debt service, or as a percentage of costs for programs only, the share falls in the range of 35% to 40%.

The major finding is a tendency to estimate lower than higher. Respondents who chose 20% or less account for 29.7%. At the opposite end of the spectrum, those choosing 50% or more account for one tenth that proportion, 2.7%.

## Regional Health Authority Results

To develop a measure of confidence across all indicators within an RHA, the mean responses from that RHA for all 16 queries were averaged. This "average of the averages" shows uniformly positive ratings. Further, most RHAs lie in a broad grouping that is statistically indistinguishable, indicating that confidence levels are broadly similar across the province.

Individual reports address results in each of the twelve regional health authorities.

# Confidence and Public Awareness Indicators

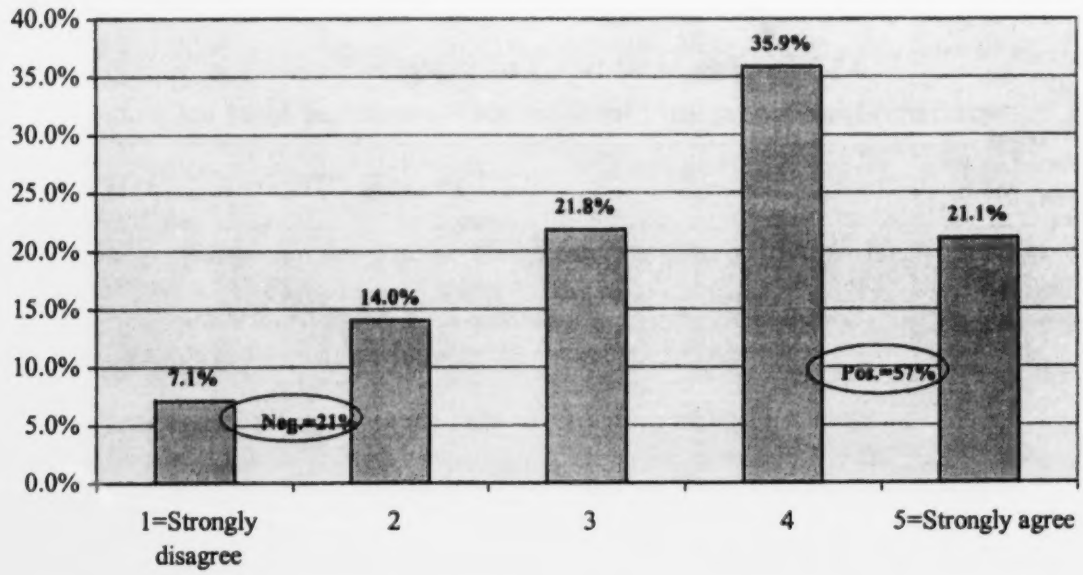
## Provincial Level Response Distributions

The following tables show response rates for the 16 scale-based individual confidence indicators.

The "positive" and "negative" numbers in the charts combine the '4' and '5', and '1' and '2' responses, respectively. The mid-range response '3' should not be misconstrued as a "don't know" response. The middle category of '3' represents a neutral opinion level.

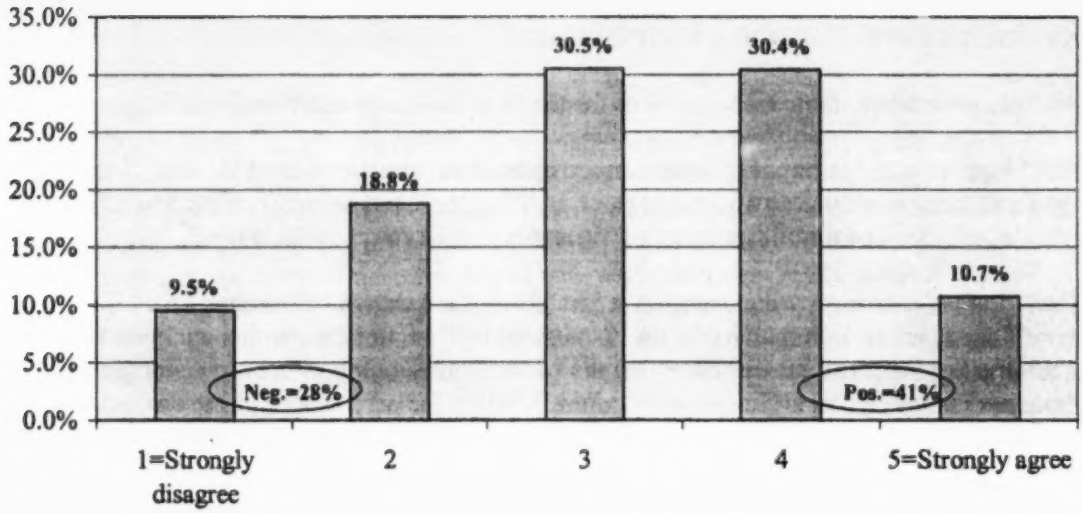
"Don't know" responses were captured separately and are shown below each chart. The "don't know" responses are summarized in the "Non-response" section below that analyses the impact of the level of these responses. (Note that the "don't know" numbers are a percentage of all responses, including "don't know" and "refusal", while the percentages in the charts immediately following are out of the 'valid' responses that exclude these non-response categories.)

**A1. Overall, I can get the kind of health care I need without difficulty.**



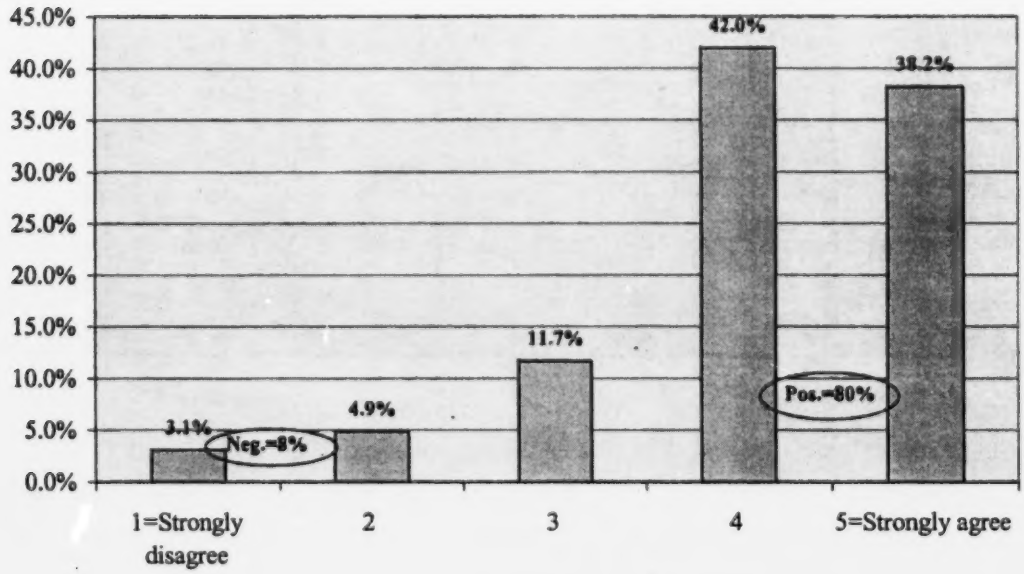

Mean 3.50 "Don't know" = 0.7%

**A2. Thinking of the health care system province-wide, we get good value for the money that is spent.**



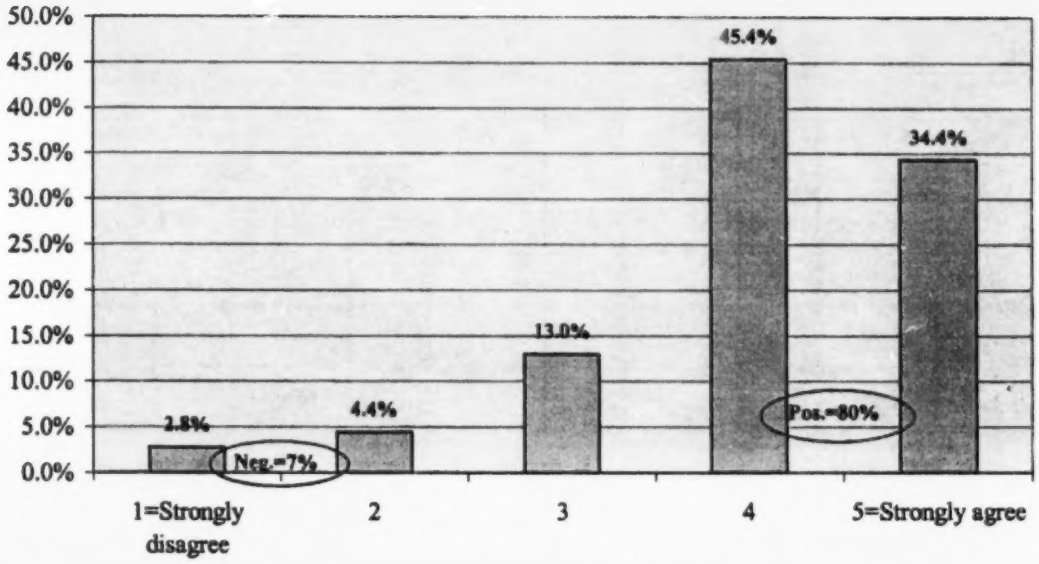

Mean 3.14 "Don't know" = 3.3%

**A3. When I get health care, I am treated with respect.**



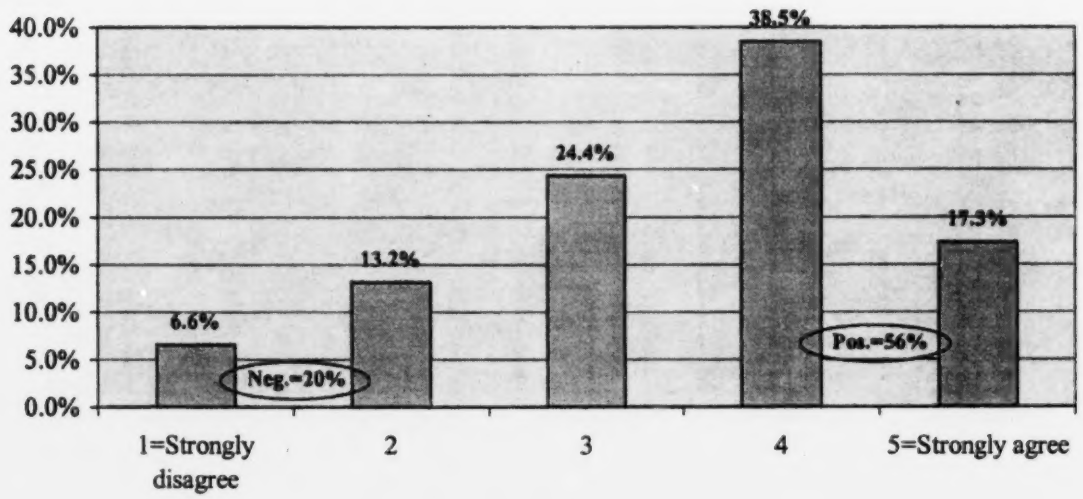

Mean 4.07 "Don't know" = 0.7%

**A4. When I get health care, I am treated fairly.**



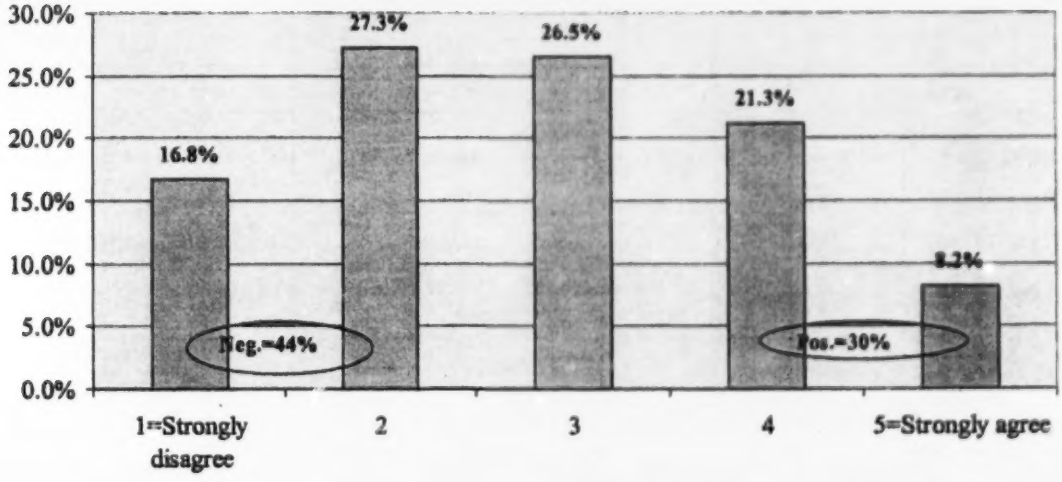

Mean 4.04 "Don't know" = 1.1%

**A5. When I seek health care, I am confident I will get the right care for my condition.**



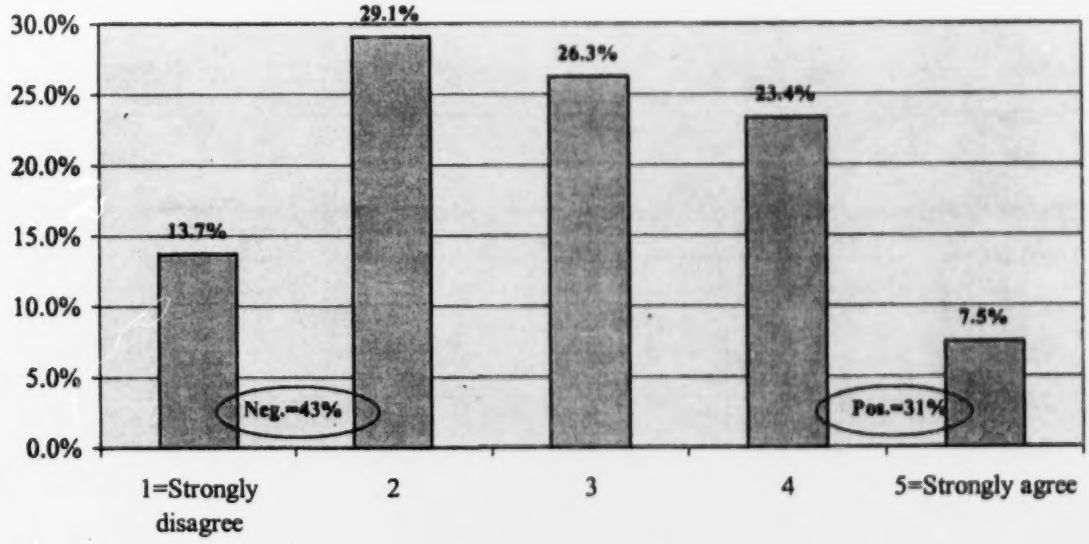

Mean 3.47 "Don't know" = 0.6%

**A6. My local health region seems to be able to attract and keep the people they need to provide services.**



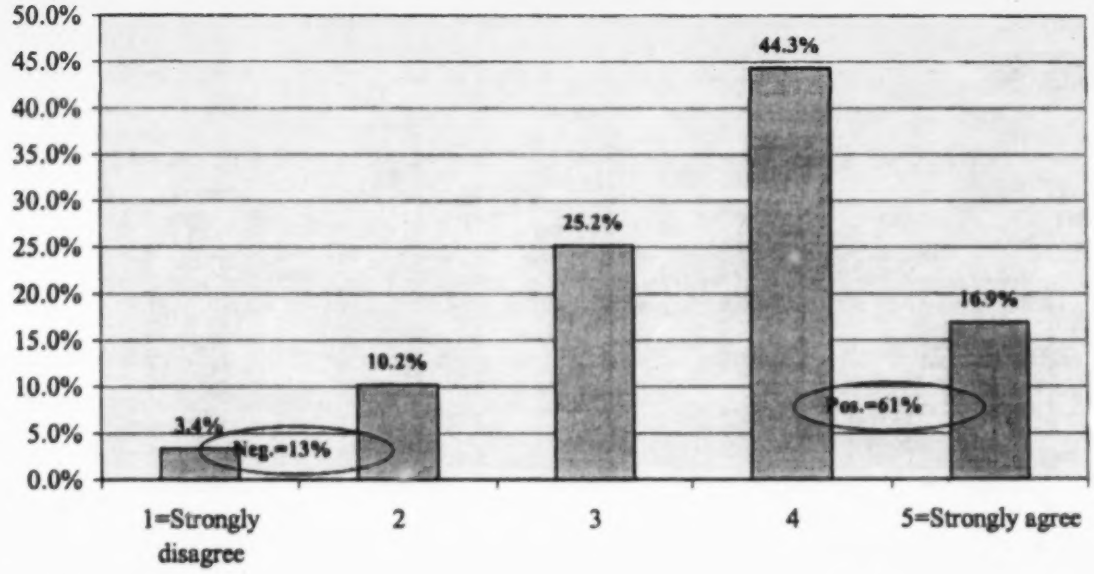

Mean 2.77 "Don't know" = 3.4%

**A7. I am confident that the current level of health care will be available in the future.**



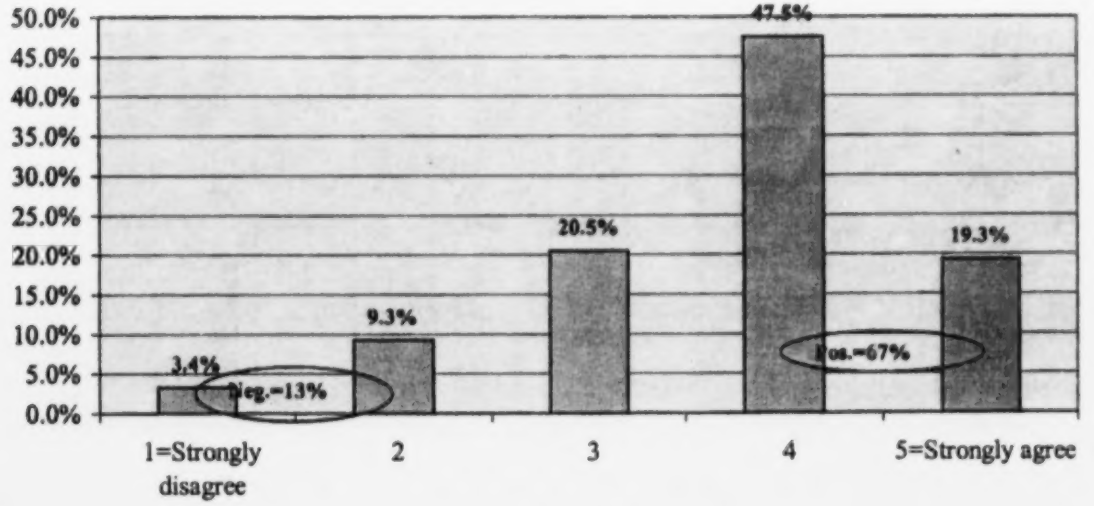

Mean 2.82 "Don't know" = 1.8%

**A8. I can count on my health care to be provided safely.**



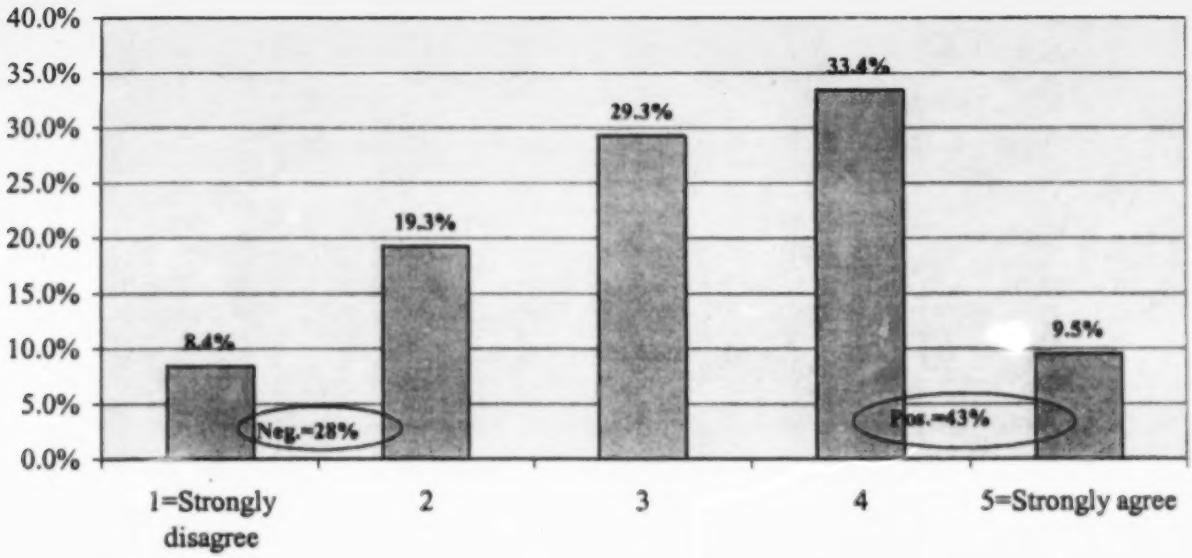

Mean 3.61 "Don't know" = 1.1%

**A9. When I'm in a health care office or facility, things seem to be well run.**



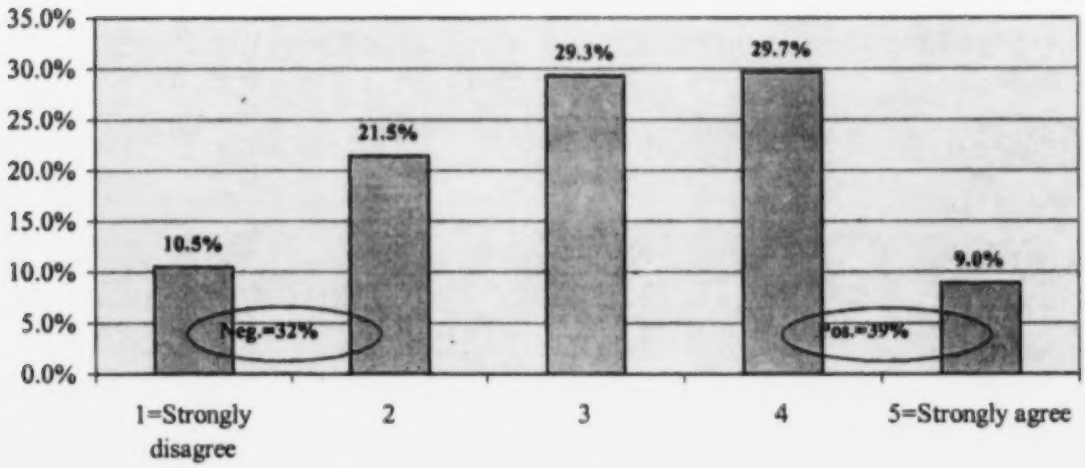

Mean 3.70 Don't know" = 1.3%

**A10. From what I can tell, our health care system overall seems to be well run.**



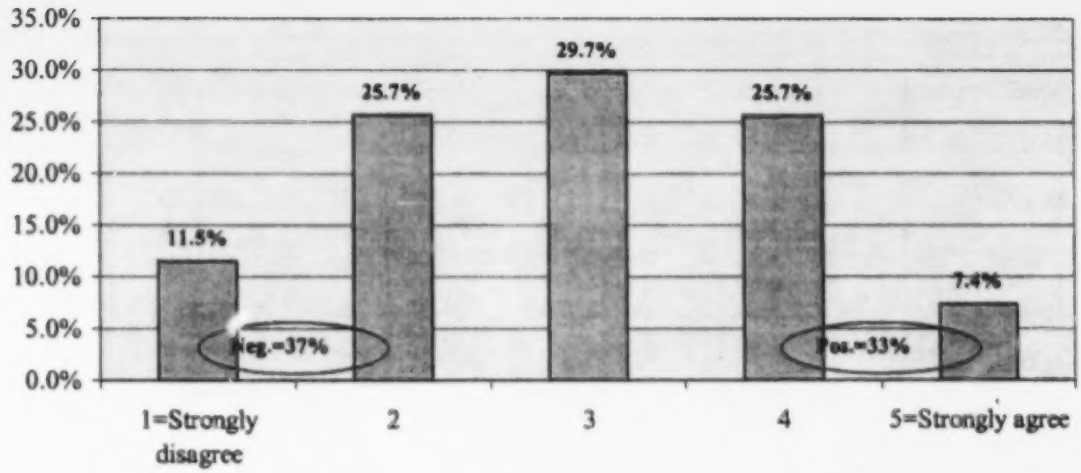

Mean 3.16 "Don't know" = 0.8%

**A11. Generally, I have confidence in the direction health care is going in my local health region.**



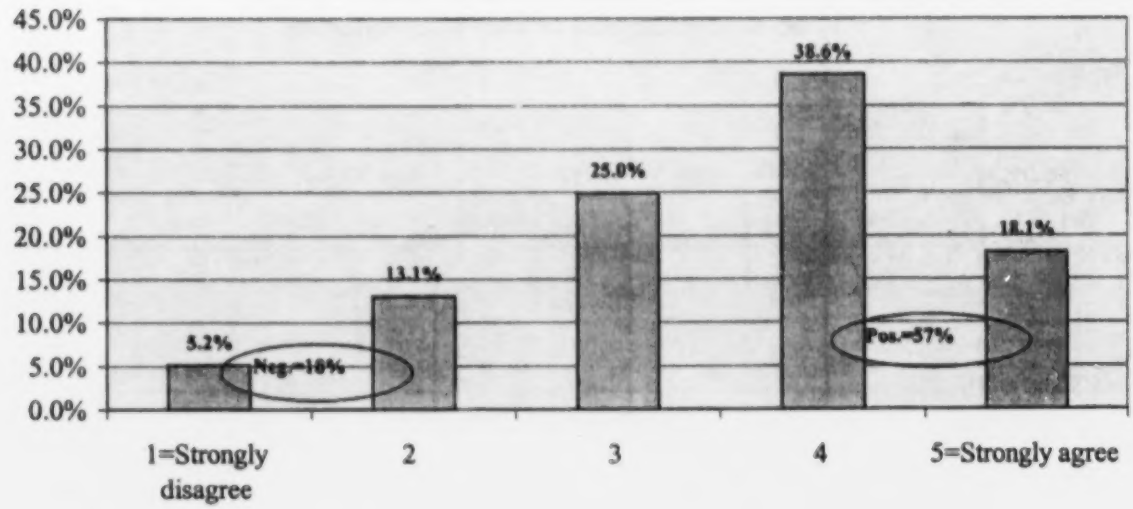

Mean 3.05 "Don't know" = 2.1%

**A12. Generally, I have confidence in the direction health care is going in Saskatchewan.**



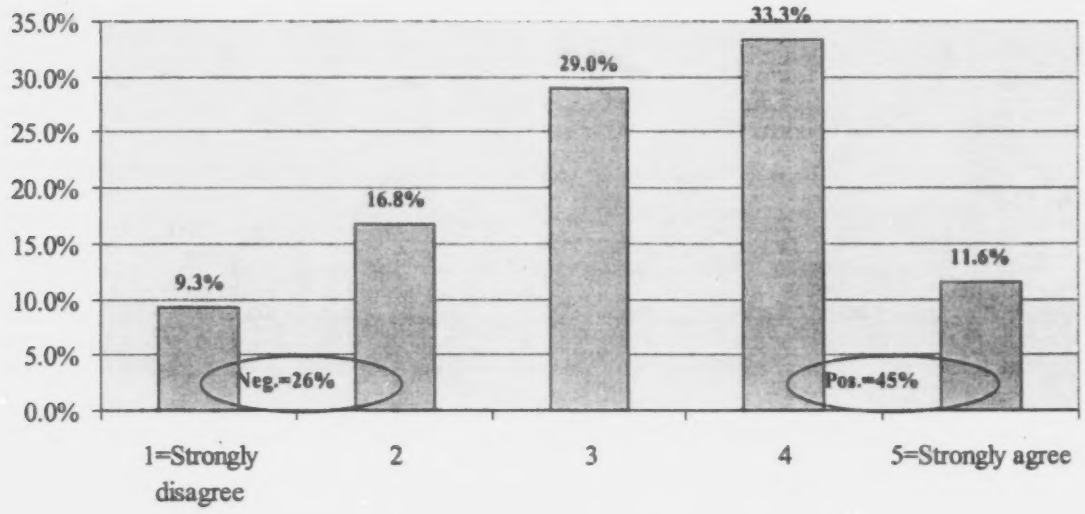

Mean 2.92 "Don't know" = 2.5%

**A13. If I need information on my health care, I can get it easily.**



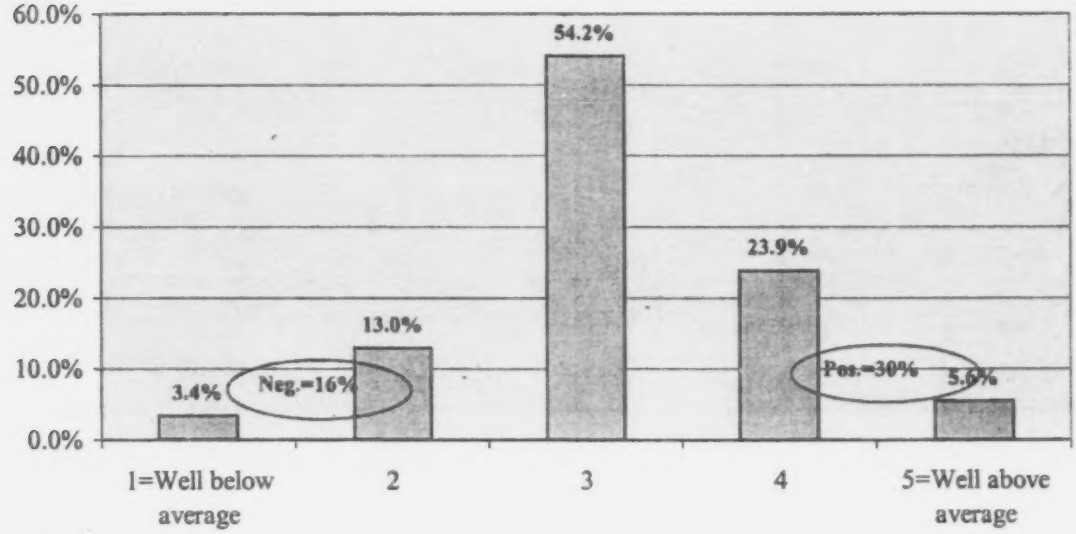

Mean 3.51 "Don't know" = 5.9%

**A14. I am confident that the share that I would have to pay personally for such things as prescription drugs or senior care is reasonable.**



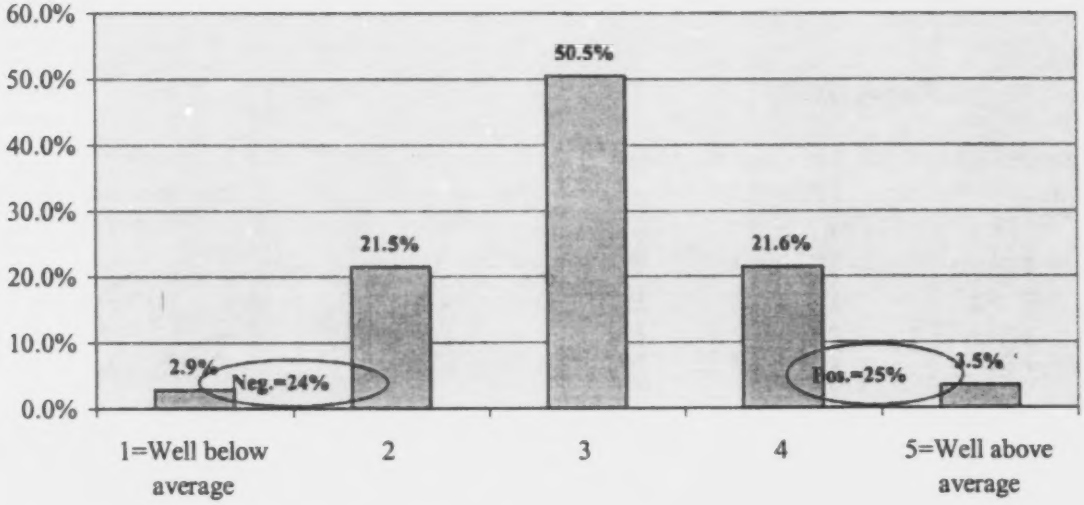

Mean 3.21 "Don't know" = 3.8%

**A15. Compared to other regions in the province, would you say the level of health care in your local region is:**




Mean 3.15 "Don't know" = 9.7%

**A16. Compared to the rest of Canada, would you say the level of health care in Saskatchewan is:**




Mean 3.01 "Don't know" = 14.1%

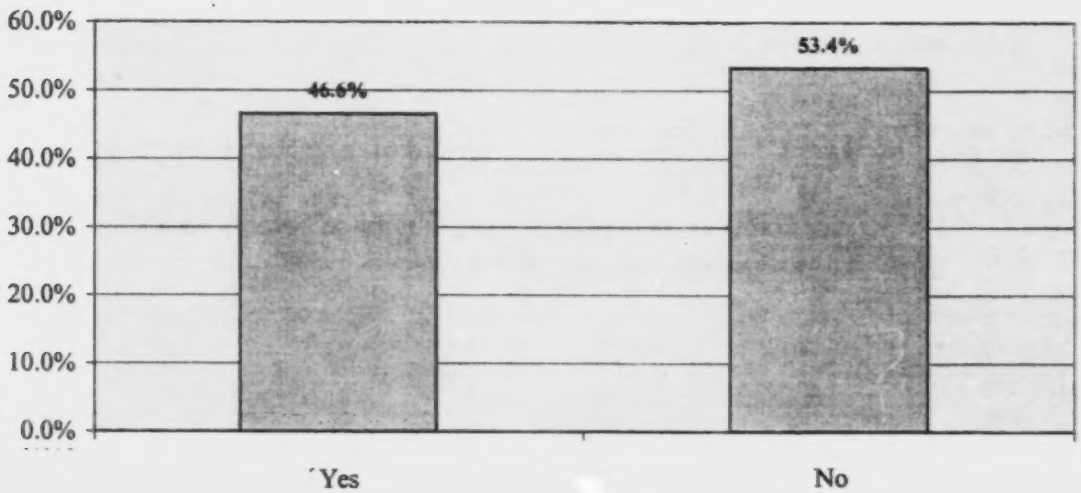
# Public Awareness Indicators

Two queries were used to determine levels of awareness of the names of the recently-established regional health authorities, and awareness of the proportion that health care represents in provincial spending.

## RHA Name Recognition

Respondents were asked to name their RHA. Those who were able to name or closely approximate the name of their RHA were tallied. They accounted for about four respondents out of nine (47%, chart below). Aggregated at the provincial level, respondents demonstrated what might appear to be a fairly high level of awareness of RHA names.

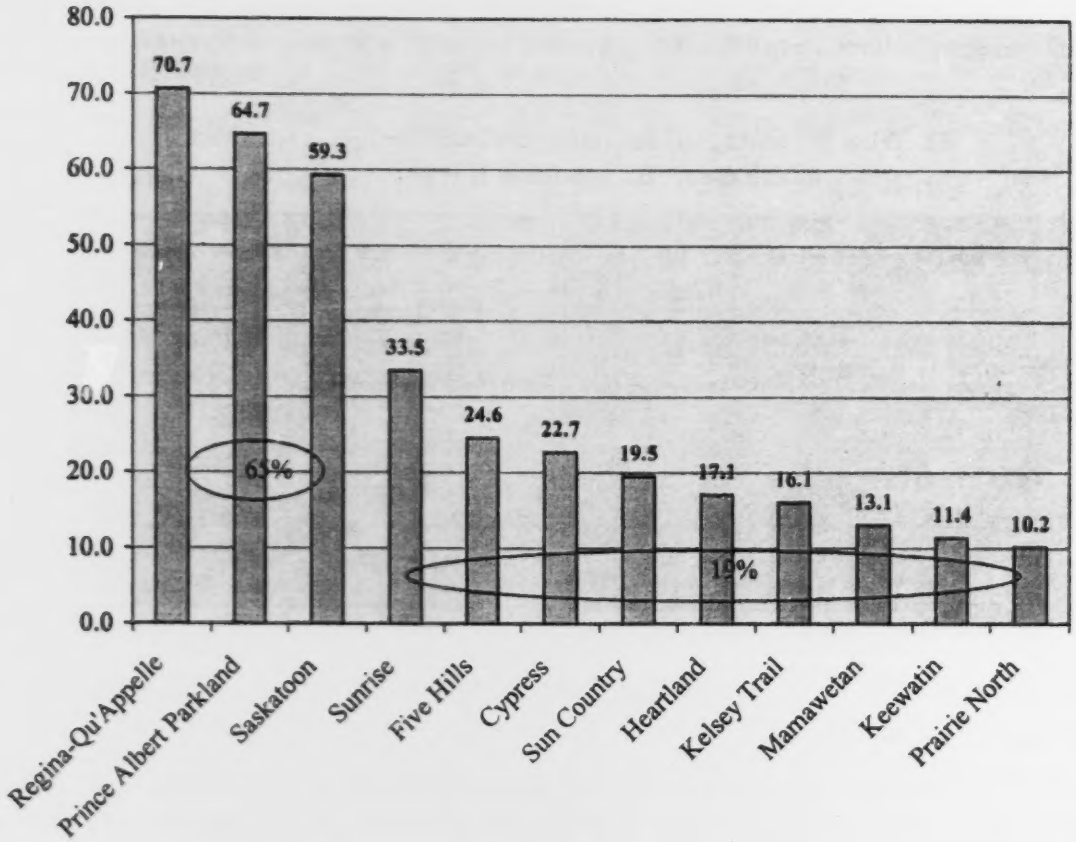
**B1. Do you know which RHA you are in?**




However, the relatively large proportion achieving name recognition is probably an artifact of differences in the RHA naming scheme. Respondents in RHAs named after a major city – i.e., the three largest cities of Saskatoon, Regina, and Prince Albert – were much more likely to be able to name their RHA. The chart below shows that name recognition averaged about 65% for these three RHAs. The proportion in the other RHAs (not named after a city) averaged much less, at about 19%.

The higher level of awareness of city-related RHA names is likely due to two factors: a) there is likely a larger level of name uptake among people because the RHA is associated with the (familiar) city name; and b) some number of responses hit the mark by guessing with their city name.

## % Identifying Their RHA Name



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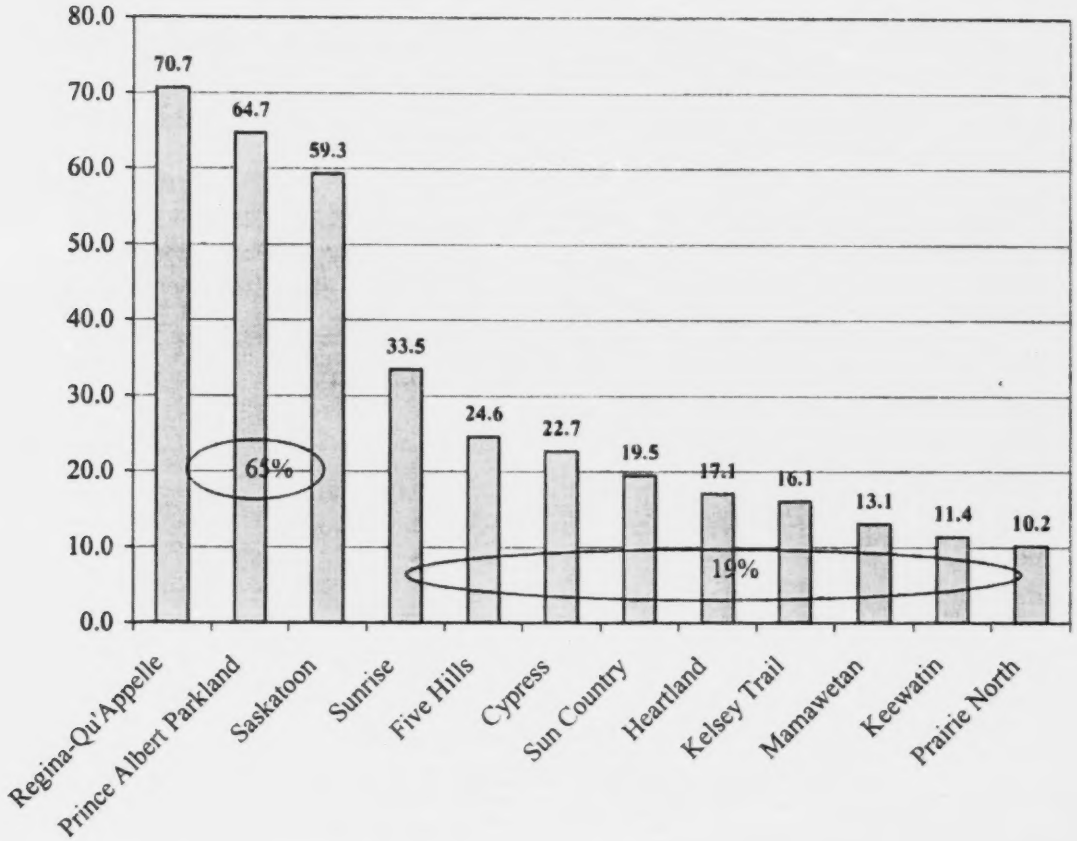
## % Identifying Their RHA Name



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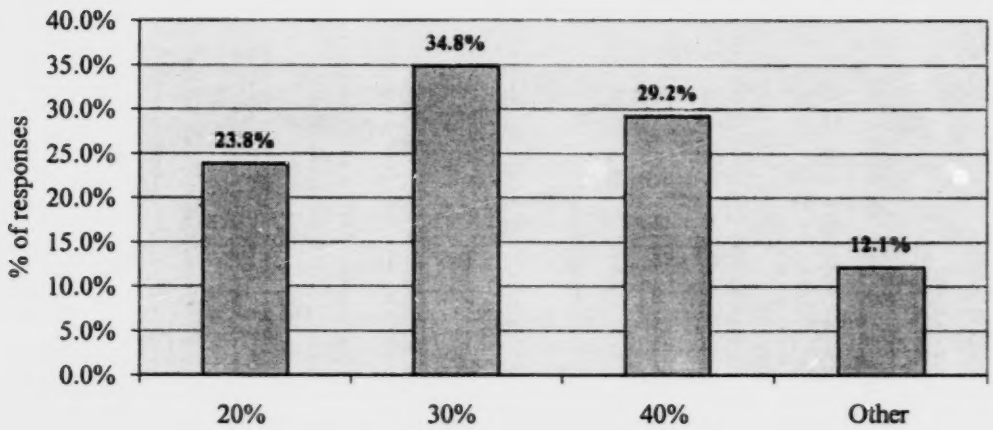
## Level of Health Care Spending in the Provincial Budget

Depending whether or not the costs of servicing public debt are included in the total, the share of public spending represented by the costs of health care falls in the range of 35% to 40%.

**B2. What percentage of the total provincial budget is spent on health care? Do you think it is about ...**



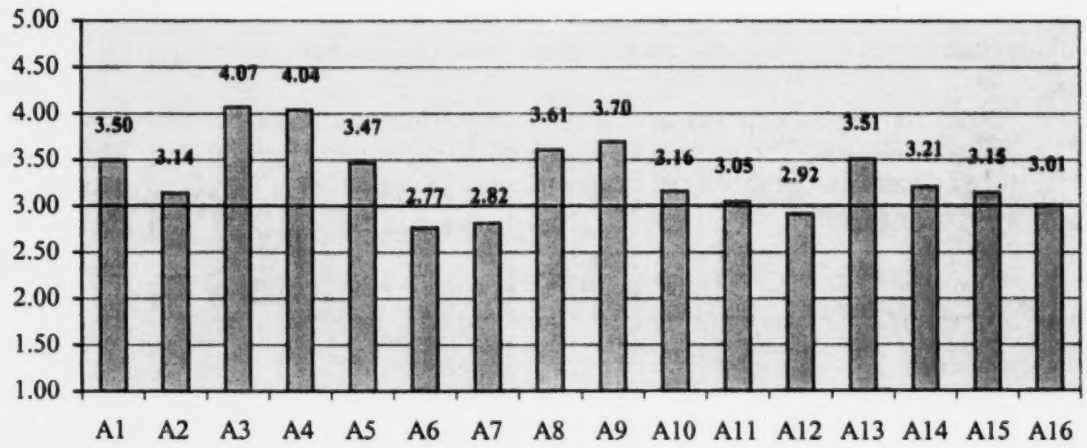

Survey participants were asked whether they thought that health care spending made up 20%, 30%, or 40% of the annual provincial budget. Other responses were also recorded. The table above displays the range of responses.

There is a tendency to under-estimate the share of provincial spending that goes to health care.

# Mean Response

Mean response levels were calculated for each indicator. The mean is an average of the five response options, from one to five, weighted by the number of respondents who chose each. It provides a single measure for each indicator, and allows for ready comparisons between survey queries and demographic subgroups. The chart following shows the mean level of response for each of the 16 indicators.

**Mean Response Level**




A1. Overall, I can get the kind of health care I need without difficulty.
A2. Thinking of the health care system province-wide, we get good value for the money that is spent.
A3. When I get health care, I am treated with respect.
A4. When I get health care, I am treated fairly.
A5. When I seek health care, I am confident I will get the right care for my condition.
A6. My local health region seems to be able to attract and keep the people they need to provide services.
A7. I am confident that the current level of health care will be available in the future.
A8. I can count on my health care to be provided safely.
A9. When I'm in a health care office or facility, things seem to be well-run.
A10. From what I can tell, our health care system overall seems to be well-run.
A11. Generally, I have confidence in the direction health care is going in my local health region.
A12. Generally, I have confidence in the direction health care is going in Saskatchewan.
A13. If I need information on my health care, I can get it easily.
A14. I am confident that the share that I would have to pay personally for such things as prescription drugs or senior care is reasonable.
A15. Compared to other regions in the province, would you say the level of health care in your local region is:
A16. Compared to the rest of Canada, would you say the level of health care in Saskatchewan is:

## Non-response

Non-response categories – refusals and "don't know" answers – are not included in the frequency distributions (charts above) because they do not contribute information toward population estimates and, if included, would skew those estimates.

Non-response should not be ignored, however. A high level of non-response could indicate that the issue in the indicator is not well understood by the public. It might also signal ambiguous wording.

Analysis of the non-response categories in this survey demonstrates a high degree of rapport with respondents and very good understanding of the survey questions on their part.

- The refusal rate for indicator questions was less than one-tenth of one percent, which is exceptionally low. The very strong uptake points to the importance of these issues with the Saskatchewan public. It can also be taken as an indication of the effectiveness of the survey instrument.

- The proportion of "don't know" answers was quite low, averaging 3.3% among the 16 indicator queries. The range runs from 0.6% to 14.1% for each.

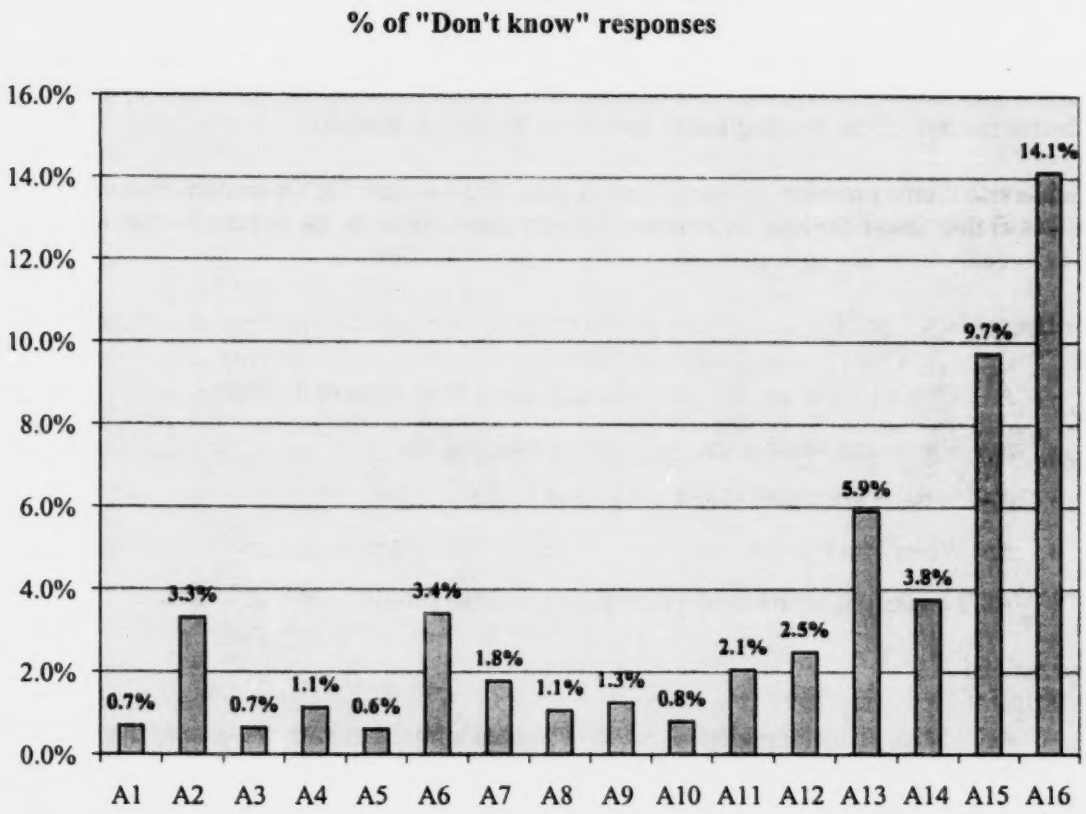
- Even the higher proportions of "don't know" responses are entirely plausible because they occur on queries where less public knowledge is likely.

    - For example, the highest rate of 14.1% occurs when respondents were asked to compare the Saskatchewan health care system to systems in other provinces. Since direct experience with other jurisdictions is much more limited than for other queries, the higher "don't know" is not unexpected.

    - The lowest percentages of "don't know" occurred on queries in the Service theme related to immediate experience with health care. The highest percentages arose with more general questions at the System level, especially when respondents were asked to consider other areas of the province, or other provinces.

    - This pattern also suggests that the likelihood is small of respondents providing neutral responses at the mid-point, instead of "don't know".

The survey queries appear to have been clear and concise and to have found the intended public opinion targets by representing indicators that were understood and actually experienced.


% of "Don't know" responses
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
0.7%
3.3%
0.7%
1.1%
0.6%
3.4%
1.8%
1.1%
1.3%
0.8%
2.1%
2.5%
5.9%
3.8%
9.7%
14.1%
A1
A2
A3
A4
A5
A6
A7
A8
A9
A10
A11
A12
A13
A14
A15
A16

# Themes

In addition to reviewing results by individual indicator, the 16 measures were grouped *post hoc* into three theme areas: Service, Operations, and System. The grouping provides a conceptually coherent method of partitioning the 16 indicators for further analysis.

The Service theme provides an assessment of front-line service. The Operations theme groups indicators that assess the local or regional delivery mechanism. In the System theme, indicators relate broadly to policy or to perceptions of province-wide factors.

**Service**

- A1. Overall, I can get the kind of health care I need without difficulty.
- A3. When I get health care, I am treated with respect.
- A4. When I get health care, I am treated fairly.
- A5. When I seek health care, I am confident I will get the right care for my condition.
- A8. I can count on my health care to be provided safely.

**Operations**

- A6. My local health region seems to be able to attract and keep the people they need to provide services.
- A9. When I'm in a health care office or facility, things seem to be well run.
- A11. Generally, I have confidence in the direction health care is going in my local health region.
- A13. If I need information on my health care, I can get it easily.
- A15. Compared to other regions in the province, would you say the level of health care in your local region is:

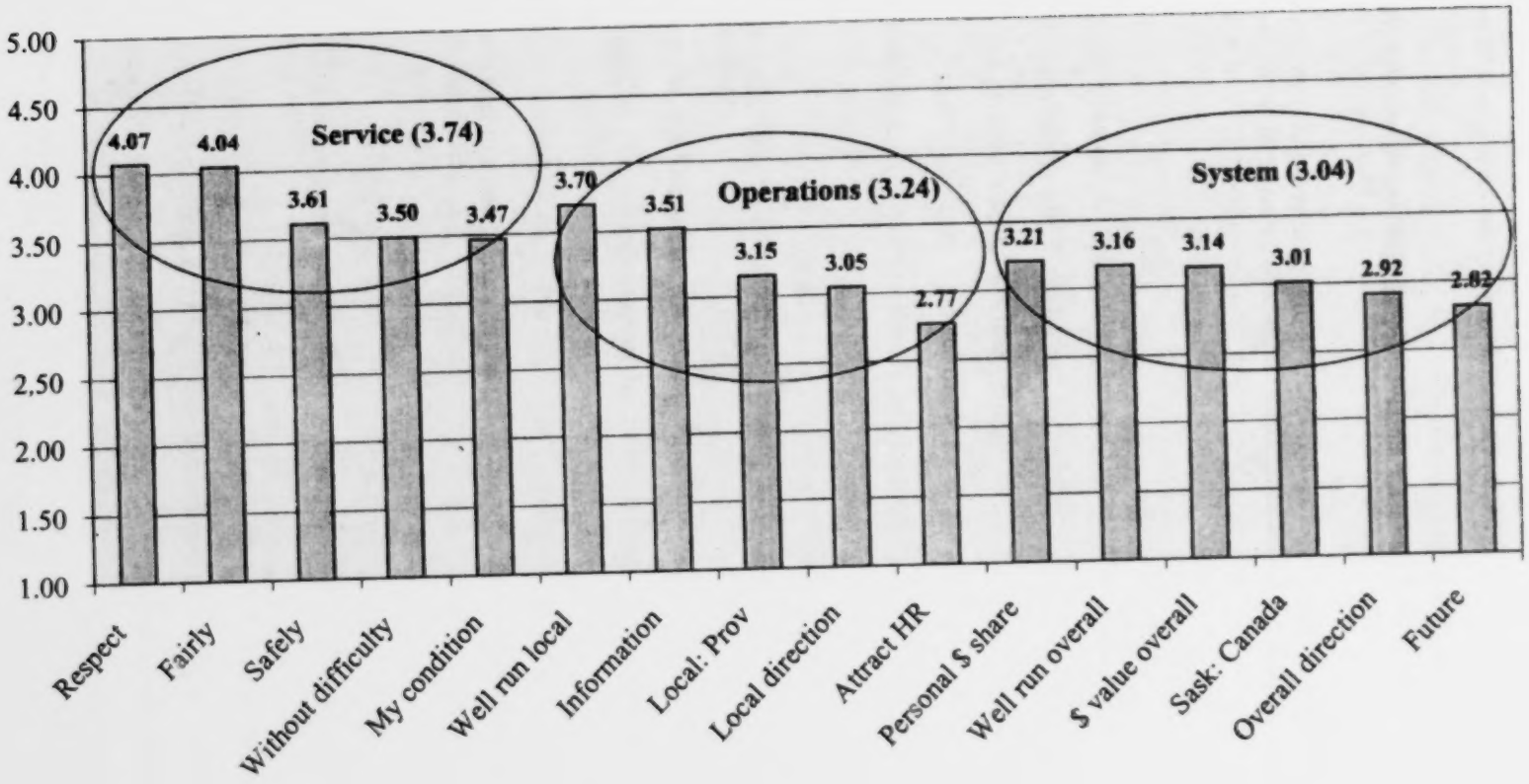
**System**

- A2. Thinking of the health care system province-wide, we get good value for the money that is spent.
- A7. I am confident that the current level of health care will be available in the future.
- A10. From what I can tell, our health care system overall seems to be well run.
- A12. Generally, I have confidence in the direction health care is going in Saskatchewan.
- A14. I am confident that the share that I would have to pay personally for such things as prescription drugs or senior care is reasonable.

- A16. Compared to the rest of Canada, would you say the level of health care in Saskatchewan is:

The chart to follow shows the mean response level for each indicator in each of the three themes.

**Mean Response Levels by Theme**




The number next to each theme is the average of the means for each of the indicators in that theme grouping.



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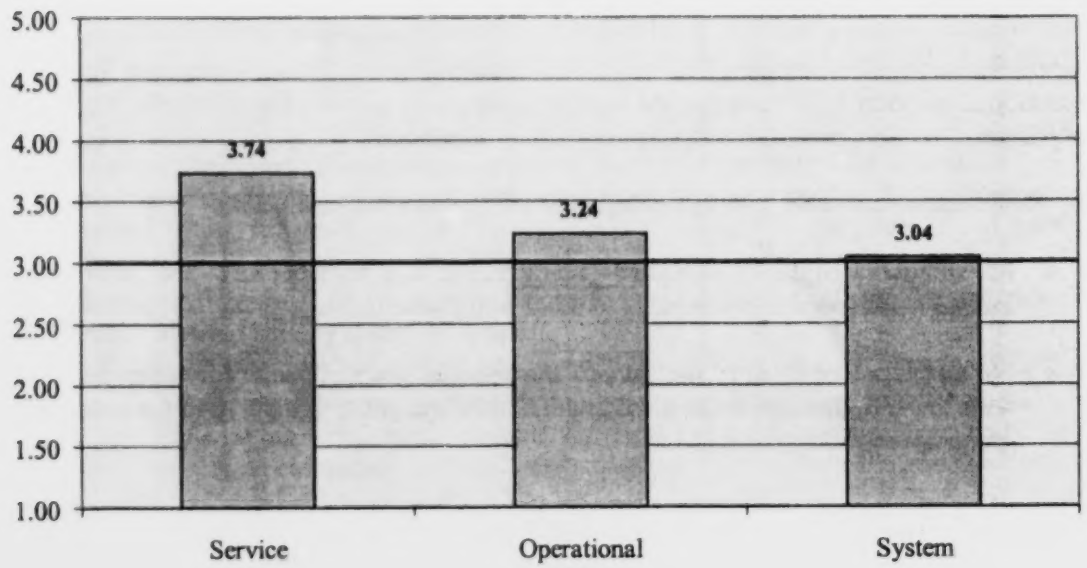
Confidence levels rise as the indicators move from the more remote System issues (3.04) through Operations issues (3.24) which are more common at the RHA level, and peak (3.74) at the immediate experience of health care at the Service level. (The average response level for all 16 indicators combined is 3.32).

It is fairly common to find that the familiar and the proximate rate more strongly than the. Those factors closest to the respondent are more likely to be experienced directly and in person. Factors more distant are more likely to be experienced via the media.

Media focus and public discussion of health issues has tended to revolve largely around challenges facing the health care system. Apart from specific criticisms of health services, recurring themes have been that the system may not be sustainable or, if the system is sustained, its future will be dramatically different.

Still, even the lowest-rated System grouping receives a confidence indicator of 3.04 – a number that implies at least 'average' or mid-range confidence.

**Mean Response Level by Theme**



# Demographics by Theme

## Age

There are significant relationships between age and all three theme areas.

- Those in the middle age group (35 – 54) have a lower opinion level in the Service area (mean = 3.57) than those in either the youngest age group (mean = 3.87) or the oldest group (mean = 3.87).

- Those in the middle age group have a lower opinion level in the Operations area (mean = 3.07) than those in either the youngest (mean = 3.37) or oldest (mean = 3.37) groups.

- Those in the middle age group have lower confidence in the System (mean = 2.89) than those in either the youngest (mean = 3.20) or oldest (mean = 3.16) groups.

The above differences between the middle age group and both the youngest and oldest groups are all statistically significant. In other words, there is a curvilinear relationship between age and the survey questions where those in the youngest and oldest age groups have higher confidence levels than those in the middle.

Age correlates significantly for 15 of the 16 individual public confidence indicators. The exception is question A15 – whether the level of local health care differs from other regions in the province – which, parenthetically, is very nearly significant.

The curvilinear relationship with age is repeated for all individual indicators.

- For all but one of the 15 indicators – being treated with respect (A3) – the lower level for middle age respondents compared to those in the youngest age group is significant.

- For all but one of these 15 indicators – the personal share of health care costs paid (A14) – the lower opinion level for those in the middle age group compared to the oldest age group is statistically significant.

## Education

Education level is statistically significant on 15 of the 16 indicators. The exception is query A14 about the confidence people have in paying a reasonable personal share for some health costs.

There is also a statistically significant correlation between education and all three theme areas.

- The relationship does not follow a linear pattern where confidence levels would either rise or fall as the level of education rose or fell. Neither does it follow a curvilinear pattern as with age.

- The only obvious pattern among the education groups – and the one most strongly supported by statistical analysis – is the fact that those in the lowest (less than grade 12) and highest (graduate degree) categories are, by far, the most likely to have a higher level of confidence for the three theme areas, and for the individual survey questions.

    - Those with a graduate degree had the highest level for the Service and Operations theme areas, with those having less than grade 12 ranking second for these two themes.
    - Those with less than grade 12 had the highest confidence in the System area, followed by those with graduate degrees.
    - For the 16 individual indicators, either those with less than grade 12 (6 times) or those with graduate degrees (9 times) had the highest opinion level on 15 queries. (The exception was A14 concerning the share of certain health costs that people pay personally. There, respondents with a university degree had the highest confidence, followed by those with less than grade 12.)
    - For 12 of the 16 indicators, those with less than grade 12 and those with graduate degrees occupied the first and second ranks at the highest confidence levels.

- The six education categories break down into two basic response groups – those with less than grade 12 and those with graduate degrees in one group, and a residual group of all the other categories.

- Respondents from this first group – a combination of either end of the education spectrum – consistently distanced themselves from the others by their high response levels.

- The residual group of four categories can be further subdivided into two groups, though with somewhat weaker statistical support.

    - Those within two categories – those with grade 12 and those with technical diplomas or certificates – consistently registered the lowest response levels for all education categories.

    - Those with some post-secondary education and those with university degrees consistently occupied the middle response level.

## Income

The categories for annual household income include: "less than $25,000", $25,000 - $49,999", "$50,000 - $74,999", "$75,000 - $99,999", and "$100,000 or more".

The relationship with income is statistically significant for 14 of the 16 indicators. The exceptions are A3 (treated with respect) and A14 (pay reasonable personal share of some costs.)

The relationships are statistically significant between income and all three themes.

There is a sharp difference in overall confidence between those in the lowest income category (< $25,000) and those with the highest income ($100,000 +).

- Those with lowest income ranked highest in confidence on 13 of the 16 indicators. Those in this group did not rank fourth or fifth on any indicator.
- Those with lowest income ranked highest in confidence for all three theme areas as well .
- Respondents with highest income ranked lowest in confidence on 10 of 16 indicators. They did not rank first or second on any.
- Those in the highest income category ranked lowest in opinion level for the Operations and System theme areas, and fourth in the Service area.

Respondents in the three middle income groups tend to occupy any of the middle opinion ranks interchangeably. However, there are at least two patterns that are worth noting.

- Those in the second lowest income category ($25,000 - $49,999) generally rank second lowest in confidence, after the highest income group – rather than coming in second highest after the lowest income group).
- On the Service theme, the second lowest income category clearly ranks at the bottom in confidence. This is a departure from the general pattern where those with highest income are associated with the least confidence.

A summary of the rankings of income categories is shown in the chart below.

| Opinion Level Rank (1 = highest) by Income Category | | | | |
|---|---|---|---|---|
| Income Category | Service | Management | Policy | Overall |
| less than $25,000 | 1 | 1 | 1 | 1 |
| $25,000 - $49,999 | 5 | 4 | 3 | 4 |
| $50,000 - $74,999 | 3 | 2 | 2 | 2 |
| $75,000 - $99,999 | 2 | 3 | 4 | 3 |
| $100,000 and over | 4 | 5 | 5 | 5 |

## Urban/Rural

Survey respondents were grouped by location along an urban – rural axis. The groups are "cities", "towns, villages, and hamlets", and "rural". Respondents in rural areas and communities north of the surveyed areas combined into a group called "north".

Location is statistically significant for 15 of the 16 indicators. The exception is A14 about the confidence people have in paying a reasonable personal share for some health costs. All three themes are significant on location as well.

*Service*

- Town dwellers have the highest confidence levels in the Service area (mean = 3.80), followed closely by those living in cities (mean = 3.73).
- Those living in rural areas have the lowest levels in the Service area (mean = 3.68).
- The difference between rural areas and towns is statistically significant.

*Operations*

- Those living in towns have the highest levels of confidence in the Operations area (mean = 3.29).
- Rural residents have the lowest confidence levels in the Operations area (mean = 3.14).
- The difference between rural areas and both towns and cities is statistically significant.

*System*

- Those living in the north show the highest confidence levels in the System (mean = 3.31).
- Those living in rural areas have the lowest confidence in the System (mean = 3.04).
- The difference between rural areas and all other location categories is statistically significant.

Analysis of the themes, the individual indicators, and rankings of mean response levels by location within the theme areas suggests at least two general conclusions.

- Those who live in rural Saskatchewan have lower confidence in all individual aspects and themes covered by the range of confidence indicators in the survey.

- Confidence levels for those living in the north increase as one moves from the Service area (where the north ranked third), through the Operations area (ranked second), to the System area (ranked first). This is the reverse of the order for the province as a whole.

## Aboriginal

Respondents were asked if they considered themselves to be Aboriginal. Based on their self-identification, there is a statistically significant difference between Aboriginal and non-Aboriginal people in the Service theme area.

- Aboriginal people have a lower opinion level of service-related issues (mean = 3.62) than others (mean = 3.75).

- Aboriginal people have about the same confidence (mean = 3.21) as other people (mean = 3.24) in the Operations area (not statistically different).

- Aboriginal people have a somewhat higher level of confidence (mean = 3.09) in the System area than others (mean = 3.03), but the difference is not statistically significant.

*Service*

Within the Service area theme, there are three confidence indicators for which Aboriginal people differ significantly from other people.

- Aboriginal people are less likely to agree they are treated with respect when they access health care (mean = 3.90) than others (mean = 4.09). (A3)

- Aboriginal people are less likely to agree they are treated fairly when they get health care (mean = 3.90) than others (mean = 4.06). (A4)

- Aboriginal people are less likely to have confidence that they are getting the right care for their condition (mean = 3.34) than others (mean = 3.48). (A5)

*Operations*

There is one statistically significant correlation within the Operations theme for Aboriginal people. They are less likely to perceive health care offices and facilities as being well run (mean = 3.59) than other people (mean = 3.71). (A9)

*System*

There is one significant correlation within the System theme area related to the Aboriginal demographic. They are more likely to have confidence in the overall direction of health care within Saskatchewan (mean = 3.03) than other people (mean = 2.90). (A12)

## Gender

Gender is not significantly associated with any theme area. However, within each theme area, gender is correlated with some of the confidence indicators.

*Service*

- Females (mean = 4.11) are more likely to agree that they are treated with respect when they get health care than males (mean = 4.04). (A3)

- Males (mean = 3.65) are more likely to agree that their health care is provided safely than females (mean = 3.58). (A8)

*Operations*

- Males (mean = 3.09) are more likely to express confidence in the direction that health care is going in their local region than females (mean = 3.02). (A11)

- Males (mean = 3.20) are more likely to see local health care as above average compared to other regions than females (mean = 3.11). (A15)

*System*

- Males (mean = 2.87) are more likely to be confident that the current level of health care will be available in the future than females (mean = 2.77). (A7)

## Currency of Use

Survey respondents were asked how recently they, or someone in their household, had received health care. The categories are "within the last three months", "within the last six months", "within the last year", and "more than a year".

A significant relationship shows up between currency of use of health care and the Service theme area, but not for the other theme areas.

- There is a very marginal decline in confidence in Service as experience with health care service becomes more current.

- The mean confidence level for those currently receiving health care is slightly lower than for other categories. The difference between current users and others is statistically significant for only one category – "within the last year".

- While significant statistically, the absolute levels are closely grouped. The impact of currency of use on confidence levels in Service is very weak.

*Operations*

Currency of use is not statistically related to Operations. However, for two of the five individual indicators that comprise the Operations theme– confidence in the direction of health care in the local region (A11) and whether local health care is on par with other regions in the province (A15) – there is a marginally significant relationship. The pattern is similar to that in the Service area:

- There is a small decline in confidence as use becomes more current.
- The impact of currency of use on both indicators is very weak.

*System*

Only a single statistically significant indicator relates to currency of use – confidence in the future level of health care (A7). There is no clear pattern to the differences in opinion among respondents in the various categories of currency of use.

## General Health

A five-point scale was used to gather respondents' self-evaluation of their current state of health, ranging from "very poor" to "very good".

The relationship between perception of current state of health and opinion level was statistically significant for all three theme areas.

- Confidence in the Service area rose steadily in linear fashion from those who reported a "very poor" state of health (mean = 3.35) to those who reported a "very good" state of health (mean = 3.80).
- Confidence in Operations rose in a similar way from a mean of 2.87 for those in the poorest state of health to a mean of 3.29 for those in the best state of health.
- Likewise, opinion of the System increased linearly from a mean of 2.67 for those in poorest health to 3.10 for those in best health.

Respondents' perceptions of their general health had a strong impact on opinion level.

*Service*

Current state of health relates significantly to each of the indicators in Service except for A3, being treated with respect when getting health care.

- Those who perceive their general health to be "very poor" ranked lowest for each of these indicators (A1, A4, A5, A8).

- There is a general upward trend in confidence on these indicators as the reported quality of general health increases.

*Operations*

Except for A6 (local health regions being able to attract and keep needed employees) a statistically significant relationship shows up between current state of health and each of the Operations indicators.

- Those who perceive their general health to be "very poor" ranked lowest for each of these significant indicators (A9, A11, A13, A15).

- Confidence rises on these indicators as the reported quality of general health increases.

*System*

Four of the six indicators in the System theme are significant: getting good value for money spent province-wide (A2); having an overall system that is well run (A10); paying a reasonable amount for personal health care items (A14); and having a provincial health care system that compares favourably with the rest of Canada (A16).

- Those who perceive their general health to be "very poor" ranked lowest for each of these indicators.

- As the reported quality of general health increases, confidence rises on each of these.

- It is noteworthy that, despite the general upward trend in confidence, on the question of paying a reasonable amount for personal health care such as prescription drugs, those who reported a "poor" state of general health (category 2) expressed the highest opinion level. This suggests that the value of programs like the prescription drug plan may be well recognized and appreciated by those in greatest need.

## RHA Results Summary

All RHAs achieved an overall mean level of response that was above "average". The RHA means for each indicator are summarized in the following table.

| | A1 | | A2 | | A3 | | A4 | | A5 | | A6 | | A7 | | A8 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mean Response | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- |
| Sask. | 3.50 | 0.04 | 3.14 | 0.04 | 4.07 | 0.03 | 4.04 | 0.03 | 3.47 | 0.03 | 2.77 | 0.04 | 2.82 | 0.04 | 3.61 | 0.03 |
| Keewatin | 3.43 | 0.12 | 3.28 | 0.12 | 3.89 | 0.10 | 3.93 | 0.10 | 3.50 | 0.11 | 3.04 | 0.12 | 3.39 | 0.12 | 3.74 | 0.10 |
| Saskatoon | 3.66 | 0.13 | 3.23 | 0.13 | 4.11 | 0.11 | 4.09 | 0.11 | 3.56 | 0.12 | 2.83 | 0.13 | 2.78 | 0.13 | 3.63 | 0.11 |
| Heartland | 3.56 | 0.12 | 3.11 | 0.12 | 4.21 | 0.10 | 4.19 | 0.09 | 3.54 | 0.11 | 3.11 | 0.12 | 2.84 | 0.12 | 3.73 | 0.10 |
| Mamawetan | 3.41 | 0.12 | 3.31 | 0.12 | 3.90 | 0.10 | 3.89 | 0.10 | 3.40 | 0.13 | 2.69 | 0.12 | 3.08 | 0.12 | 3.67 | 0.11 |
| Kelsey Trail | 3.44 | 0.14 | 3.10 | 0.13 | 4.16 | 0.12 | 4.04 | 0.11 | 3.56 | 0.12 | 2.82 | 0.13 | 2.89 | 0.12 | 3.62 | 0.11 |
| Prairie North | 3.59 | 0.11 | 3.16 | 0.12 | 4.13 | 0.10 | 4.03 | 0.09 | 3.54 | 0.11 | 2.84 | 0.12 | 2.82 | 0.12 | 3.63 | 0.10 |
| Five Hills | 3.46 | 0.12 | 3.14 | 0.13 | 4.06 | 0.10 | 4.00 | 0.10 | 3.44 | 0.12 | 2.94 | 0.14 | 2.84 | 0.13 | 3.63 | 0.10 |
| P A Parkland | 3.52 | 0.13 | 3.15 | 0.12 | 4.11 | 0.10 | 4.06 | 0.10 | 3.54 | 0.11 | 2.79 | 0.14 | 2.82 | 0.12 | 3.60 | 0.10 |
| Sun Country | 3.38 | 0.12 | 2.95 | 0.12 | 4.05 | 0.09 | 4.03 | 0.09 | 3.41 | 0.11 | 2.95 | 0.12 | 2.87 | 0.12 | 3.67 | 0.11 |
| Regina | 3.42 | 0.12 | 3.17 | 0.12 | 4.00 | 0.10 | 4.00 | 0.10 | 3.35 | 0.11 | 2.62 | 0.13 | 2.82 | 0.13 | 3.60 | 0.10 |
| Cypress | 3.44 | 0.13 | 2.94 | 0.12 | 4.15 | 0.12 | 4.13 | 0.11 | 3.47 | 0.13 | 2.64 | 0.13 | 2.80 | 0.13 | 3.60 | 0.11 |
| Sunrise | 3.14 | 0.14 | 2.84 | 0.12 | 3.98 | 0.12 | 3.93 | 0.11 | 3.31 | 0.12 | 2.39 | 0.14 | 2.69 | 0.13 | 3.41 | 0.10 |

| | A9 | | A10 | | A11 | | A12 | | A13 | | A14 | | A15 | | A16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mean Response | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- | Mean | +/- |
| Sask. | 3.70 | 0.03 | 3.16 | 0.03 | 3.05 | 0.03 | 2.92 | 0.03 | 3.51 | 0.03 | 3.21 | 0.04 | 3.15 | 0.03 | 3.01 | 0.03 |
| Keewatin | 3.72 | 0.10 | 3.56 | 0.11 | 3.38 | 0.12 | 3.51 | 0.12 | 3.67 | 0.11 | 3.24 | 0.11 | 2.97 | 0.08 | 3.06 | 0.09 |
| Saskatoon | 3.75 | 0.10 | 3.22 | 0.12 | 3.12 | 0.13 | 2.99 | 0.13 | 3.58 | 0.12 | 3.17 | 0.13 | 3.43 | 0.09 | 3.12 | 0.10 |
| Heartland | 3.79 | 0.10 | 3.20 | 0.11 | 3.10 | 0.12 | 2.84 | 0.11 | 3.51 | 0.12 | 3.27 | 0.12 | 3.11 | 0.08 | 3.06 | 0.09 |
| Mamawetan | 3.63 | 0.10 | 3.39 | 0.12 | 3.26 | 0.12 | 3.25 | 0.12 | 3.53 | 0.12 | 3.28 | 0.12 | 2.81 | 0.09 | 3.05 | 0.09 |
| Kelsey Trail | 3.82 | 0.12 | 3.19 | 0.12 | 3.17 | 0.12 | 2.97 | 0.12 | 3.48 | 0.12 | 3.20 | 0.12 | 3.05 | 0.09 | 3.03 | 0.10 |
| Prairie North | 3.72 | 0.10 | 3.29 | 0.11 | 3.08 | 0.11 | 2.95 | 0.12 | 3.57 | 0.11 | 3.16 | 0.12 | 3.01 | 0.09 | 2.99 | 0.09 |
| Five Hills | 3.81 | 0.11 | 3.18 | 0.12 | 3.09 | 0.13 | 2.89 | 0.13 | 3.56 | 0.12 | 3.23 | 0.12 | 3.07 | 0.08 | 3.00 | 0.09 |
| P A Parkland | 3.70 | 0.10 | 3.28 | 0.11 | 3.10 | 0.12 | 2.97 | 0.12 | 3.51 | 0.12 | 3.12 | 0.12 | 2.98 | 0.08 | 3.05 | 0.10 |
| Sun Country | 3.75 | 0.11 | 3.06 | 0.11 | 2.97 | 0.12 | 2.78 | 0.11 | 3.47 | 0.12 | 3.27 | 0.13 | 2.98 | 0.08 | 2.83 | 0.10 |
| Regina | 3.61 | 0.11 | 3.10 | 0.12 | 2.97 | 0.12 | 2.85 | 0.12 | 3.45 | 0.12 | 3.26 | 0.12 | 3.19 | 0.09 | 2.98 | 0.09 |
| Cypress | 3.67 | 0.11 | 3.05 | 0.12 | 2.94 | 0.12 | 2.84 | 0.12 | 3.43 | 0.13 | 3.17 | 0.14 | 2.85 | 0.10 | 2.93 | 0.10 |
| Sunrise | 3.52 | 0.12 | 2.86 | 0.12 | 2.80 | 0.12 | 2.71 | 0.12 | 3.41 | 0.13 | 3.27 | 0.13 | 2.82 | 0.11 | 2.80 | 0.10 |



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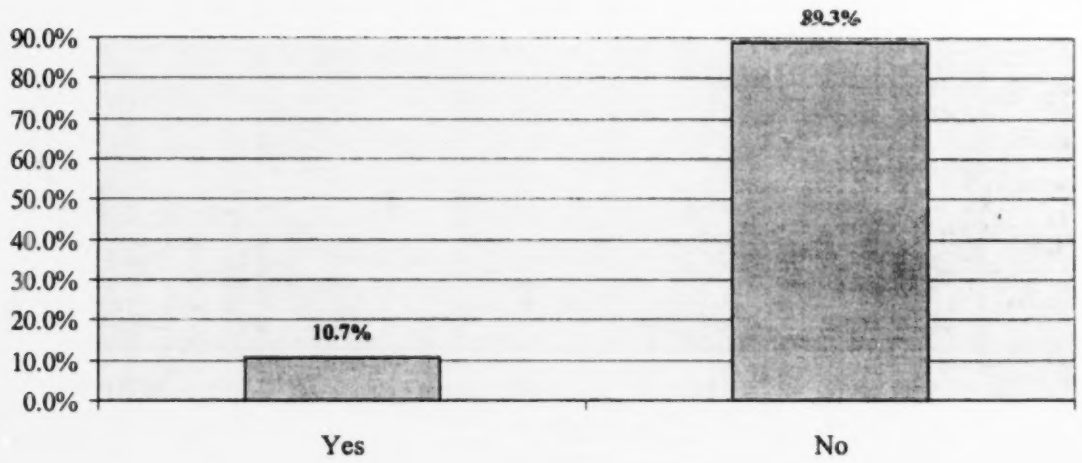
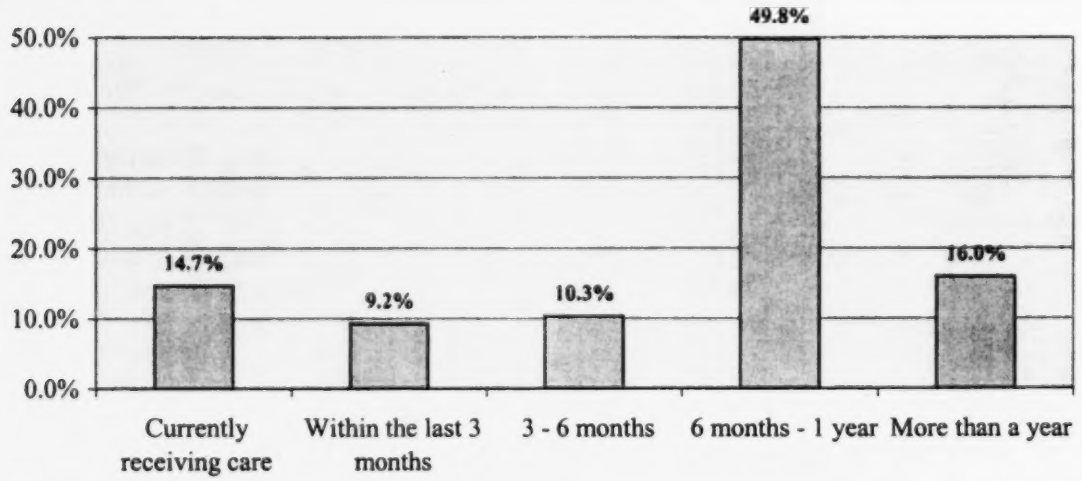
# Respondent Characteristics

Three demographic questions related directly to health care. Respondent profiles for these questions are summarized below.

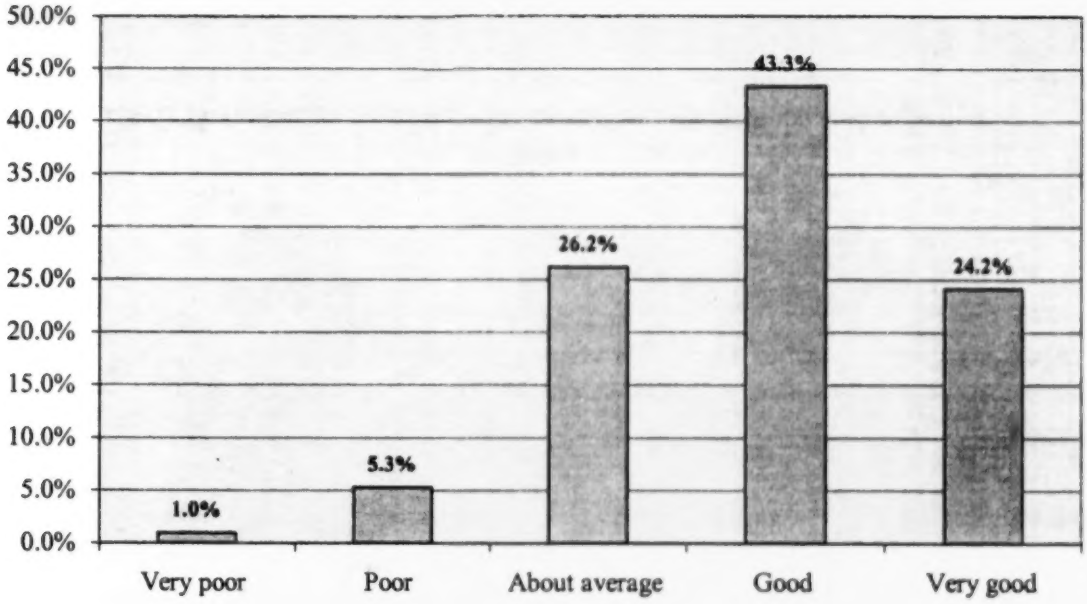
**C2. Do you work in the health care system, including home care or senior care?**




**C10. How recently have you or someone in your household received health care, including home care? Is that ...**



**C11. Would you say your general health is ...**



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## SECTION C: Demographics

**C1**. Record Gender. Ask only if necessary.

1. Male
2. Female

**C2**. Do you work in the health care system, including home care or senior care?

1. Yes
2. No

DON'T READ:
99. Refusal

**C3**. In what year were you born? _____

**C4**. What is the highest level of education that you have achieved?

1. Less than Grade 12
2. Grade 12
3. Some post-secondary
4. Technical diploma or certificate
5. University degree
6. Graduate degree

DON'T READ:
99. Refusal

**C5**. Into which category does your total annual household income fall?

1. Less than $25,000
2. $25,000 – $50,000
3. $50,000 - $75,0000
4. $75,000 - $100,000
5. More than $100,000

DON'T READ:
99. Refusal

**C6**. Do you live in a city?

1. Yes ——▶ **C6a**. What is the name? _____ (Drop Down List)

GO TO C9.

2. No ——→ CONTINUE WITH C7.

99. Refusal

**C7**. Do you live in a town, village or hamlet?

1. Yes ——→ **C7a**. What is the name? _____ (Drop Down List)

GO TO C9.

2. No ——→ CONTINUE WITH C8.

DON'T READ:
99. Refusal

**C8**. Do you know the <u>number</u> of the Rural Municipality that you live in?

1. Yes ——→ **C8a**. Enter R. M. number: _____ THEN GO TO C9.

2. No ——→ **C8b**. What is the R. M. name? _____ (Drop Down List)

DON'T READ:
99. Refusal

**C9**. Do you consider yourself to be of Aboriginal ancestry?

1. Yes
2. No

DON'T READ:
99. Refusal

**C10**. How recently have you or someone in your household received health care, including home care or senior care? Is that …

1. Currently receiving care
2. Within the last 3 months
3. Within the last 6 months
4. Within the last year
5. More than a year

DON'T READ:
98. Don't know/can't recall

99. Refusal

**C11**. On a 1 to 5 scale, where 1 is "Very poor", 3 is "About average" and 5 is "Very good", would you say your general health is …

READ:
1. Very poor
2. Poor
3. About average
4. Good
5. Very good

DON'T READ:
99. Refusal

**C12**. What is your postal code? ___ ___ ___ ___ ___ ___

That's all the questions I have. Thank you very much for your help!

# Appendix B: Methodology

## Quantitative Method and Sampling

A computer assisted telephone (CATI) survey was conducted among Saskatchewan residents, with respondents aged 18 or older in households selected at random by computer. The fieldwork centered on June 2003, with interviews in some regions completed in early July.

The overall sample size achieved for analysis purposes at the provincial level was 5,107 interviews. The precision level associated with this sample size is +/- 1.4 percentage points, 19 times out of 20.

Sampling targets were set at a minimum of 400 completions for each regional health authority (RHA). Actual completion levels for the RHAs ranged from 401 to 460 interviews. The resulting confidence intervals at the RHA level range between 4.6% and 4.8%.

Because sampling was not proportional to population by RHA, the data were weighted by RHA for provincial level analysis. Data were also weighted by gender.

## Survey Content

There are 16 queries in the survey that correspond to individual indicators of public confidence. Queries 1 to 14 use the five-point response set "strongly disagree" to "strongly agree". Queries 15 and 16 use the five-point response set "well below average" to "well above average".

Additionally, two queries probing knowledge levels and 12 demographic queries were asked. The individual queries are listed in the questionnaire as Appendix A to this report.

## Refusals

The level of refusal in this survey was minute. Only 35 instances of interviewees declining to respond were recorded for the 16 key indicator questions. Since 5,107 interviews were conducted, this incidence is remarkably small.

## Minimal non-response

As noted earlier, refusal to respond was minute – less than $1/10^{th}$ of one percent – which points to the relevance of the indicators. Respondents clearly related well to the probes and understood what was being asked of them. It reinforces the reliability of the data.